



Arnold Schwarzenegger
GOVERNOR

CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION

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916-445-3394 T

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DECLARATION AND REQUEST FOR REPLACEMENT LICENSE OR CERTIFICATE

PRINT NAME (IN FULL): _____
(Last Name) (First Name) (Middle Name)

OTHER NAME(S) KNOWN BY(MAIDEN NAME): _____ LICENSE NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: () _____ () _____ BIRTH DATE: _____
(Work) (Home) (Month/Day/Year)

REQUEST IS HEREBY MADE FOR (check one):

- ☐ Replacement of Wall Certificate - \$15.00 (11" x 8.5")
☐ Replacement of current License - \$15.00 (8.5" x 3.5")
☐ Replacement of current Pocket Receipt - \$15.00 (3.5" x 2.3")

FOR OFFICE USE ONLY

Receipt # _____
Fee Paid _____
Audit # _____
Issue Date _____
Original Returned _____

Attach a check made payable to the California Architects Board for the appropriate amount.

REASON FOR REQUEST (check one):

- ☐ Original not received ☐ Lost ☐ Stolen ☐ Destroyed
☐ Mutilated* ☐ Misspelling* ☐ Name change* ☐ Other (state reason below)

*The license or certificate being replaced must be returned with this declaration.

REASON FOR REQUEST:

In addition, please indicate in the space provided below *exactly* how you would like your name printed on your wall certificate, including upper/lower case and punctuation. Only your *legal name* or abbreviation is permitted.

Print name: _____

I hereby certify under penalty of perjury under the laws of the State of California that statements and information set forth above are correct and that I will immediately return the license or certificate to the Program should said license or certificate be found or report its whereabouts should it become known to me.

Signature: _____ Date: _____